

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000543

1. Entity Name

SUNCOAST FISHING, INC.

Principal Place of Business

454 TUNISON LANE
SEBASTIAN FL 32958
US

Mailing Address

454 TUNISON LANE
SEBASTIAN FL 32958
US

2. Principal Place of Business

RD
2750 WEST PIPKIN RD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7636
Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

LAKE LAND, FL

Zip

33811

Country

POLK

Zip

33807

Country

POLK

4. FEI Number

59-3187117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RICHARD E
454 TUNISON LANE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

SUSAN D. WASILEWSKI

Street Address (P.O. Box Number is Not Acceptable)

2750 WEST PIPKIN ROAD

City

LAKE LAND

FL

Zip Code

33811

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Susan Wasilewski

9/5/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LEWIS, RICHARD E
STREET ADDRESS 454 TUNISON LANE
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Delete

TITLE P
NAME SUSAN D. WASILEWSKI
STREET ADDRESS 2750 WEST PIPKIN ROAD
CITY-ST-ZIP LAKE LAND FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Wasilewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00
Date

863-701-7790
863-738-0011
Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90015 010 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)